

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix:		First Name:	Michelina	Middle Name:	
	Last Name:	Thornton			Suffix:	
Title:	Grants Director					
Complete Address:						
Street1:	765 Broad St					
Street2:						
City:	Newark		State:	NJ: New Jersey		
Zip / Postal Code:	07102		Country:	USA: UNITED STATES		
Phone Number:	973-424-4412			Fax Number:		
E-mail Address:	mthornton@nps.k12.nj.us					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	Mr.	First Name:	Linwood	Middle Name:	
	Last Name:	Arnette			Suffix:	
Title:	Grants Accountant					
Complete Address:						
Street1:	765 Broad St					
Street2:						
City:	Newark		State:	NJ: New Jersey		
Zip / Postal Code:	07102		Country:	USA: UNITED STATES		
Phone Number:	973-733-7033			Fax Number:		
E-mail Address:	larnette@nps.k12.nj.us					

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix:	Ms.	First Name:	Lisa	Middle Name:	
	Last Name:	Abdul			Suffix:	
Title:	Special Assistant					
Complete Address:						
Street1:	190 Muhammad Ali Avenue					
Street2:						
City:	Newark		State:	NJ: New Jersey		
Zip / Postal Code:	07108		Country:	USA: UNITED STATES		
Phone Number:	973-733-7355			Fax Number:		
E-mail Address:	labdul@nps.k12.nj.us					

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: